



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Adderall XR*	Epclusa ^{CC*}	Rebif
Advair Diskus*	Eucrisa ^{CC}	Relenza [†]
Advair HFA	Farxiga	Ritalin*
Aimovig ^{CC}	Flovent Diskus	Select-OB + DHA
AirDuo RespiClick	Flovent HFA	Serevent Diskus
Ajovy ^{CC}	Genotropin ^{CC}	Spiriva
Anoro Ellipta	Harvoni ^{CC*}	Stiolto Respimat
Aricept*	Hemangeol ^{CC}	Striverdi Respimat
Arnuity Ellipta	Humira ^{CC}	Sublocade ^{CC}
Asmanex HFA	Humalog Mix	Suboxone ^{CC*}
Asmanex Twisthaler	Incruse Ellipta	Symbicort*
Atrovent HFA	Invakamet	Synjardy
Avonex	Invokana	Synjardy XR
Bepreve	Janumet	Tamiflu ^{†*}
Besivance	Janumet XR	Tecfidera
Betaseron	Januvia	Toviaz
Bethkis	Jardiance	Tradjenta
Blephamide	Jentadueto	Tudorza
Breo Ellipta	Jentadueto XR	Tysabri
Brilinta	Kazano	Ubrelvy ^{CC}
Byetta	Kitabis*	Vascepa*
Bystolic	Kombiglyze XR	Ventolin HFA
Capex Shampoo	Lantus	Victoza
Cimzia ^{CC}	Levemir	Vitafol Fe+ softgel
Cipro HC	Mavyret ^{CC}	Vitafol-Nano prenatal tablet
Ciprodex*	Nesina	Vitafol-OB
Ciranatal 90 DHA	Nitro-Bid	Vitafol-OB+DHA
Ciranatal Asssure	Nitrostat	Vitafol-One softgel
Ciranatal B-Calm	Novolog	Vitafol Prenatal w/iron gummies
Ciranatal Bloom	Novolog Mix 70-30	Vitafol Ultra softgel
Ciranatal DHA	Omnaris	Vyvanse (capsules)
Ciranatal Harmony	Omnitrope ^{CC}	Xarelto
Combivent	Onglyza	Xigduo XR
Concerta*	Oseni	Xofluza [†]
Copaxone*	Oxytrol	Zepatier ^{CC}
Diastat*	Pradaxa*	Zetonna
Diastat Acudial*	Premarin (tabs only)	Zomacton ^{CC}
Dulera	Prempro	Zovirax (cream only)
Dymista*	ProAir Digihaler	Zubsolv ^{CC}
Elidel	ProAir HFA*	Zylet
Eliquis	ProAir Respiclick	
Enbrel ^{CC}	Proventil HFA	
Entresto	Pulmicort Flexhaler	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 1/1/2023

^{CC} Denotes agent is preferred with clinical criteria in place.